PERMANENT PLAINLY, WITH UNFADING INK-THIS IS

N.B.

RECORD

AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate.

944 This got mislaid 1 PLACE OF DEATH

STATE OF MARYLAND

Cor	inty Tallot	CERTIFICATE OF DEATH
	1170	Registration Dist. No. 29/
Vill	age or City Nearitt (No.). 2FULL NAME Delia M. Bris	St.; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	4 COLOR OR RACE Single, Married Widowed, ORDIVORCED (Write the word)	Month) (Day (Year) AT I HEREBY CERTIFY, That I attended decessed from
8 DA	Movember (Month) (Day (Year)	that [last asw h = alive on Siff - 14 , 191 4
(a)		and that desth occurred on the date stated above, at
(b) busi whi	General nature of industry, ness, or establishment in ch employed (or employer) RTHPLACE (State or country) Gallot And the state of state of country)	(Quration) yrs mos ds Contributory Zurieueu Secondary
PARENTS	10 NAME OF FATHER Am Jones 11 BIRTHPLACE OF FATHER (State or country) Talkof Co 12 MAIDEN NAME Mary White	(Signed) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
	13 BIRTHPLACE OF MOTHER (State or country) HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Informant) B B B Side St	At place in the of death yrs, mos ds State yrs, mos ds Where was disease contracted, It not at place of death? Former or usual residence
16 File	ad Defit 18, 1814 John Hurvalis Se ocar REGISTRAR	DATE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ABURESS ABURESS ABURESS

If more blanks are needed, address State Registrar, 6 E. Franklin Sy, Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age ness of various pursuits can be known. The question CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a dcfinite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an Civil engincer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons been changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as material worked on may form part of the second Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, Is very important, so that the relative healthful-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: But in many "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Gerebrospinal fever (the ouly definite synouym is "Epidemic cerebrospinal meuingitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonacum, etc., Carcinolacias of lungs, meninges, peritonacum, etc.,

valvular heart disease; Chronic interstitial nephritis, naut neoplasms); Measics; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canmia," "Puerperal peritonitis," etc. childbirth or miscarriage as "Puerperal septichue etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia." "Weakness," "Heart fallure," "Haemorrhage," "luanition," "Marus-"Collapse," "Coma," "Convulsions," "Debility" ("Conthemia," "Anaemla" (merely symptomatic), "Atrophy," merc symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection used not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railray train-acci such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio is less defiulte; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," (Recommendations on statement of State cause for "Exhaustion,"



0

(Address).

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PHYSICIANS should state of OCCUPATION Is very RECORD PERMANENT EXACTLY. UNFADING INK-THIS IS AGE PLAINLY, WITH piain of Information 드 DEATH

certificate. See Instructions on back WRITE CAUSE OF Important.



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

C+ .	Ward	

fit death occurred in a hospital or institution,

DATE OF BURIAL

ADDRESS

	FULL NAME John Brun	of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
381	** Color or race Single, Married, Wilowed, Wiloved (Write the word)	(Month) (Day (Year)
DI	(Month) (Day (Year)	that I last asw h in allve on Jels 17, 1914
7 A (and that death occurred on the date stated above, at 9 a m, The CAUSE OF DEATH* was as follows:
(a) pai (b) bus	CCUPATION Trade, profession, or Ticular kind of work General nature of industry, iness, or establishment in ch employed (or employer)	Jona licent allacto Joseph Cerebral harmondage (Ouration) yrs. 1 mos. ds.
9 8 1	RTHPLACE (State or country) Mary Land	Secondary Suffered an allow of Secondary & general Secondary
ARENTS	10 NAME OF FATHER Lloyd Brumell 11 BIRTHPLACE OF FATHER (State or country) Mary land 12 MAIDEN NAME 12 MAIDEN NAME	(Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Address) (Addre
/d	13 BIRTHPLACE OF MOTHER (State or country) Marylind	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE) At place In the of death yrs, mos, ds. State yrs, mos, ds.

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

It not at place of death?

OF BURIAL OR REMOVAL

Former or

usual residence

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specithe nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not pald Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile fuctory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pnenmonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

oma, Sarcoma, etc., of..... (name origin; "Canthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. uant neoplasms); Meastes; Whooping cough; Chronic cer" is less definite; avoid use of "Tnmor" for maligsuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injnry, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probabily The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of may be stated under the head (secondary or interchrrent) "Dropsy," "Exhanstion," State cause for Never report



V. S. No. 1.

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH

9282

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 293

St.;....Ward)

[If death occurred in a hospital or institution, give its NAME instead ot street and number.]

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE:	Colore of Colore of Wiscones (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DA	TE OF BIRTH (Month) (Day (Year)	that I last saw her allve on sefe 1) ,1914
7 AG		and that death occurred on the date stated above, at 31/0 Q m. The CAUSE OF DEATH* was as follows:
(a) 1 part	CUPATION Trade, profession, or icular kind of work. General nature of industry,	Julmonary man luos
busin	less, or establishment in hemployed (or employer)	Contributory Knaw Number ds.
9 BIRTHPLACE (State or country) Jolbot Co 10 NAME OF FATHER Municipal Pauls 11 BIRTHPLACE (State or country) 11 BIRTHPLACE (State or country)		Secondary (Doration) yrs 2 mos 2/ ds. (Signed) Applicable M. D. (Address) Applicable M. D.
PARENTS	12 MAIDEN NAME OF MOTHER SAVAN Warner	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL, 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	13 BIRTHPLACE OF MOTHER (State or country) Many Land	At place In the of death yrs mos ds. State yrs mos ds
	informant) Cours Survey	Where was disease contracted, If not at place of death? Former or usoal residence
15	(Address) My Mulis My	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 9-20, 1914
File	Sept 20 1914. Je Le Gardiner Gorel REGISTRAR	N. R. Prishett Greensboro ma
	If more blanks are needed, address State Regis	strar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; cated thus: CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. materiai worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write Nonc. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: "Foreman," (7)

Statement of cause of death—Name, first, the disease causing death is respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is ludefinite): Tubercu-besis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; . Chronic oma, Sarcoma, etc., of...... (name origin; "Canvalvular heart discase; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tctanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify us which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaccause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the mus," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. affection need not be stated unless important. The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," Measles (disease causing death), 29 ds.; (Recommendations on statement of may be stated under State cause for the head Never report



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02

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

StWard)

MEDICAL CERTIFICATE OF DEATH

If death occurred in a hospital or Institution. give its NAME instead of street and number. 1

PERSONAL AND STATISTICAL PARTICULARS 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDDWED. ORDIVORCED (Write the word) 8 DATE OF BIRTH (Month) (Day (Year) If LESS than 1 dayhrs. Yrs. OR min. ? mos.... 6 OCCUPATION . (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in which amployed (or employer) 9 BIRTHPLACE (State or country)

16 DATE OF DEATH (Month) I HEREBY CERTIFY, That I and that death occurred on the date stated above, at The CAUSE OF DEATH* was as follows: Contributory Secondary (Address)

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-TAL, SUICIDAL, OF HOMICIDAL,

18 LENGTH OF RESIDENCE (FO	R HOSPITALS, INS	TITUTIONS,	TRANSIEN	T
At place of death yrs mos Where was diseasa contracted,	In the ds. State	yrs	mos.,	d

If not at place of death?.....

Former or usual residence.

PLACE	OF	BURIAL	OR	REM	OV	AL
3		0 1				
new	-	Total	2/	611	-	

DATE OF BURIAL

ADDRESS

20 UNDERTAKER

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

1D NAME OF FATHER

11 BIRTHPLACE

OF FATHER (State or country)

12 MAIDEN NAME

13 BIRTHPLACE OF MOTHER (State or country)

OF MOTHER

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specithe nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up ou account of the disease Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Physician, Compositor, Architect, Locomotive engineer, first live will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, Statement of occupation-Precise statement of occupais very important, so that the relative healthful-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persous (b) Cotton mill; (a) Salcsman, If the occupation has As examples: (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only defiuite syuouym is "Epidemic cerebrospinal meuingitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) eause of death approved by Committee on Nomenclasuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Narasgenital," "Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anaemia" (mercly symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report uffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, injury, as fracture of skull, and consequeuees (e. g., by carbolic acid-probably snicidc. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-"Coutributory." is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tctanus) may be stated under the head Mcasles (disease causing death), 29 ds.; "Semile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion,"



S. No. 1.

A PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD m ż

1	PLACE OF	DEATH	9284
1		. /	

County Sallot

STATE OF MARYLAND CERTIFICATE OF DEATH

yıı	lage or City Bear Eastone,	St.; Ward)	[if death occurred in a hospital or Institution, give its NAME lostead of street and nomber.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF	F DEATH
3 SI	ex 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) 17 (Month) 17 (Month)	9 , 1914 (Day (Year)
,	MATE OF BIRTH (Month) (Day (Year)	that I last saw her alive on Sep	T. 9 1914
7 A	It LESS than 1 day,	and that death occurred on the date stated The CAUSE OF DEATH* was as follows:	above, at 830 P m
pa (b) bus whi	Trade, profession, or ricular kind of work. General nature of industry, liness, or establishment in ch employed (or employer) RTHPLACE (State or country) 10 NAME OF FATHER	Contributory & haus tung Secondary (Duration)	Jee 5
PARENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER MATTER OF MOTHER	*State the DISEASE CAUSING DEATH, OF CAUSES, State (1) MEANS OF INJURY; at TAL, SUICIDAL, OF HOMICIDAL.	
-	13 BIRTHPLACE OF MOTHER (State or country) HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informan)	At place In the	yrs, ds
15	(Address) Esset Ind	Bellevye James of Removal Fillerye James Station 30 UNDERTAKER.	DATE OF BURIAL 9/11, 1912
Fil	ed	/ UNDERTAKEN.	ADDRESS ,

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Malto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

eated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At schoot or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeeper's minc, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer "Mauager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobite factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kiud of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Satesman, If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons If the occupation has As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only defiuite syuonym is "Epidemie eerebrospinal meuingitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Can-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "Puerperal peritonitis," etc. State cause for ehildbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Maras-"Collapse," "Cona," "Couvulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffectiou need not be stated unless important. valvular heart disease; Chronic interstiliat nephritis, ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revotver wound of head-homicide; Poisoned Accidental drowning; Struck by raitway trainsuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. eause. Aiways qualify all diseases resulting from genital," Bronchopucumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for mallg-The contributory (secondary or intercurrent) tetanus) may be stated under the head Meastes (disease eausing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," For VIO-OI



S. No. 1.

ated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very RECORD A PERMANENT stated EXACTLY. of information should be carefully supplied. AGE should be st DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS Every item of information should be CAUSE OF DEATH in piain terms, s Important.

	PLACE OF DEATH	0005
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STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 293

St.; Ward)

[It death occorred la a hospital or Institution, give Its NAME Instead of street and number.]

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE		16 DATE OF DEATH Left 17 , 1914 (Month) (Dry (Year)
	Och 21 , 1906 (Month) (Day (Year)	that I last saw h alive on 2 251 17, 1914
7 AC	1 1 1 1 1 1 1 1 1 1	and that death occurred on the date stated above, at 12.0.m. The CAUSE OF DEATH* was as follows:
(a) par	CCUPATION Trade, profession, or ticular kind of work	Diphihland
whi 9 B1	General nature of Industry, ness, or establishment in ch employed (or employer) RTHPLACE (State or country)	Contributory Secondary (Ouration) yrs mos /5 ds.
10 NAME OF NEW T DODAOU 11 BIRTHPLACE OF FATHER (State or country) MA		(Signed) , M. D
PARENT	12 MAIDEN NAME Mollée Drekuson 13 BIRTHPLACE	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the
	OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	of deathyrsmosds. Stateyrs,mosds Where was disease contracted, If not at place of death? Former or usual residence.
15 File	Local REGISTRAR	19 PLACE OF BURIAL OR REMOVAL Old Chapel 20 UNDERTAKER ADDRESS Easton, Md. trar, E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

ness of various pursuits can be known. The question who have no occupation whatever, write Nonc. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutles of the household only (not paid Housekeepers minc, ctc. Women at home, who are engaged in the fication as Day taborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mitt; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa If retired from business, that fact may be indi-Never Farmer (retired 6 yrs.) For persons return "Laborer," If the occupation has As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucesis of tungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Meastes; Whooping eough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canmia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the mus," "Old Agc," "Shock," "Uraemia," "Weakness," genital," "Scnile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Meastes (disease causing affection need not be stated unless important. vatvutar heart discase; Chronic interstitial nephritis, ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., Aeeidentat drowning; Struck by railway trainsuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras Bronehopneumonia (secondary), 10 ds. Never report by curbolic acid-probabty suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for mallg-The contributory (secondary or intercurrent) tctanus) may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," dcath), 29 ds.;



N. B.

9

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate. RECORD PERMANENT 4 UNFADING INK-THIS IS WRITE PLAINLY, WITH

Village or City with Michaels (No. 2 PULL NAME Comma Durger	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 29 St.; Ward) in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Sex Colororrace Source, Wichowed White the word) Sex Lemale White (Write the word)	16 DATE OF DEATH Defeators 28, 1914 (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended degeased from Sefet. 28, 1914.
7 AGE (Month) (Day (Year) 1 LESS fhan 1 day, hrs. OR min.?	and that death occurred on the date stated above, at S P m. The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work. Sacuse Wefe (returned) (b) General nature of Industry, business, or establishment in which employed (or employar) 9 BIRTHPLACE (State or country) Horselown & C.	Contributory Miteal regargestation (Duration) yrs mos 19 ds. Contributory Miteal regargestation (Duration) yrs mos ds
10 NAME OF FATHER / homas nicholls 11 BIRTHPLACE OF FATHER (State or country) maryland. 12 MAIDEN NAME OF MOTHER Sarah Oncill	(Signed) Tree ds. ds. (Signed) Tree ds. ds. (Signed) Tree ds. M. D. (Address) Sr. Muchaels *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs mos ds. State yrs mos ds Where was disease confracted, if not af place of death? former or usual residence.
(Address) 22 20 h Calvert & Ballo 16 Filedolph 29, 1914 John Hwwales Local REGISTRAR	19 PLACE OF BURIAL OR REMOVAL LANGE ALTERNATION AND SINGLE 20 DATE OF BURIAL ADDRESS ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

eated thus: CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. Never material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is ucc-Civil engineer, Stationary freman, etc. But iu many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as it should be used only when needed. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer or Planter, Statement of occupation-Precise statement of occupa-Spinner, is very important, so that the relative healthful-If retired from business, that fact may be indi-Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, rcturn "Laborer," "Foreman," As examples: (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite syuouym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," uuqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

childbirth or miscarriage as "Puerferal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Ileart failure," "Haemorrhage," "Inanition," "Marasvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and cousequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. cause. Always qualify all diseases resulting from "Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anaemia" (mercly symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes affection need not be stated unless important. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) "PUERPERAL peritonitis," etc. State cause for totanus) may be stated under the head of "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (disease causing death), 29 ds.; For VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

00T 6 1914 BURLAU, V.S.

No. 02

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RECORD statement PERMANENT stated EXACTLY. properly classified. 4 IS should UNFADING INK-THIS ACE carefully supplied. may be that it PLAINLY, WITH pe of Information should WRITE Every Item CAUSE OF 2

1 PLACE OF DEATH PHYSICIANS should state of OCCUPATION is very PERSONAL AND STATISTICAL PARTICULARS 3 SEX S SINGLE, 4 COLOR OR RACE WIDOWED, ORDIVORCED (Write the word) (Day 7 AGE If LESS than 1 day,hrs. OR min. ? BOCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) certificate. 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 80 See instructions on back PARENTS 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS Important. 15

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 29/

StWard)

If death occurred in a hospital or institution, give its NAME instead of street and number.1

AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
olord Smale, Single of the state of the stat	16 DATE OF DEATH DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
Dett / S , 1949. (Month) (Day (Year)	that I last saw h. And alive on A Oft 18 1914
If LESS than 1 day,hrs.	and that death occurred on the date stated above, at 3 Pt. m. The CAUSE OF DEATH* was as follows:
2 Cot Les in Office from sistry, of in yer)	(Duration) By yrs 3 mos ds. Contributory Unamic Paistning
mary land	Secondary (Duration) yrs mos os. (Signed) & M Ccheput , M. D.
antry) Mayland	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL.
ue to the Best of My knowledge	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs, mos. ds. State yrs, mos. ds Where was disease contracted,
tomichaeland	If not at place of death? Former or usual residence
1914 John Howales Local REGISTRAR	20 My DERICAKER STANCHALLS
If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on aecount of the disease Scrvant, Cook, Housemaid, etc. of persons engaged in domestie service for wages, as should be taken to report specifically the occupations gainfully cuployed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a defiuite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civit engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planler, applies to each and every person, irrespective of age ness of various pursuits can be known. The question (a) Spinner, essary to know (a) the kind of work and also (b) For many occupations a single word or term on the Statement of occupation-Precise statement of occupais very important, so that the relative healthful-If retired from business, that faet may be indi-Never Farmer (retired 6 yrs.) For persons (b) Cotton milt; (a) Salesman, return "Laborer," If the occupation has As examples: "Foreman," (0)

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7. E. No. 1.

RECORD PERMANENT EXACTLY. stated pe pinous ACE INKsupplied. UNFADING WITH pinous Information WRITE 90

PLACE OF DEATH STATE OF MARYLAND PHYSICIANS should state CERTIFICATE OF DEATH OCCUPATION IS Registration Dist. No fit death occurred to .Ward) a hospital or institution. give its NAME Instead of street and number. I MEDICAL CERTIFICATE OF DEATH statement PERSONAL AND STATISTICAL PARTICULARS S SINGLE, 3 SEX 4 COLOR OR RACE MARRIED WIDOWED. (Month) Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH properly classified. (Year) (Month) (Day) 7 AGE If LESS than and that death occurred on the date stated above, at f day,hrs. The CAUSE OF DEATH* was as follows: OR ? 8 OCCUPATION (a) Frade, profession, or particular kind of work (b) General nature of industry, pe business, or establishment in may which employed (or employer) certificate. 9 BIRTHPLACE (State or country) Contributory. (Secondary) that 10 NAME OF FATHER 80 Jo terms, n back 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and, (2) whether Accidenuo 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. in plain OF MOTHER Instructions 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) EATH _____ yrs. ____ mos. ___ State ... Where was disease contracted. It oot at place of death?. Former or Item E OF usual residence mportant. Every It BURIAL OR REMOVAL BURIAL 15 ADDRESS Filed m. REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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Statement of cause of death—Name, first, the disease causing death—Is affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

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S. No. 1.

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Village or City St. Muchaeles 76 H	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 291 St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male Black (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 1 HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH (Nonth) (Day (Year)	Llis macrowas festerior that I last saw h La stirol of figo 1,191
TAGE 3 6 yrs = mos = ds. OR min.?	and that death occurred on the date stated above, at Allahn. The GAUSE OF DEATH* was as follows: af q are
(a) Trade, protession, or particular kind of work	(Buration) yrs mos ds. Contributory Secondary
11 BIRTHPLACE OF FATHER (State or country) Talbut Cv 12 MAIDEN NAME OF Bebrea Baldwell 13 BIRTHPLACE 13 BIRTHPLACE 14 BIRTHPLACE 15 BIRTHPLACE 16 BIRTHPLACE 17 BIRTHPLACE 18 BIRTHPLACE 18 BIRTHPLACE 19 BIRTHPLACE 19 BIRTHPLACE 10 NAME OF MOTHER Bebrea Baldwell	(Signed)
OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant)	of death
16 Filed Seft 25, 1914 John Hwwales Tocal PEGISTRAR	Mondaman Sept 25, 1914 DONDERJAKED Stracks
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informani) (Address) (Address) 15 Filed Aeft 25, 1914 John Howwalls Toocal REGISTRAR	CAUSES, STATE (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place in the of death yrs. mos. ds. State yrs. mos. ds Where was disease contracted, it not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL ALL 25, 1914.

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculsis of lungs, meninges, peritonacum, etc., Carcin-

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PHYSICIANS should state of OCCUPACION is very RECORD statement PERMANENT Exact stated classified. Ď pine properly AGE supplied. be UNFADING may certificate. that 20 0 pe back terms, should uo AINLY, plain instructions _5 EATH See 0 Item OF Every Item CAUSE OF Important.

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County. Registration Dist. No .-(NoWard) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF 3 SEX S SINGLE. DATE OF DEATH MARRIED, WIDDWED. ORDIVORCED I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Day 7 AGE If LESS than and that death occurred on the date stated above, at 1 day.....hrs. OR min. ? BOCCUPATION (a) Trado, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in which employed (or employer) ------Contributory 9BIRTHPLACE (State or country) Secondary 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 0 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, 13 BIRTHPLACE Af place In the OF MOTHER (State or country) of death ____ yrs. _ mos. State _ ds. Where was disease contracted. If not at place of death?

15 REGISTRAR 19 PLACE OF BURIAL OR REMOVAL DATE OF BURLAS

& Elewnan

ADDRESS

Ilf death occurred in

(Year)

a hospital or institution. give its NAME Instead of street and nomber.]

DEATH

(Day

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

Former or

usual residence.

02

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write Nonc. Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of oecupathus: Farmer (retired 6 yrs.) For persons If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcists of lungs, mentages, peritonaeum, etc., Carcin-

ture of the American Medical Association.) sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (c. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: iffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. For vio-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for malig-Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUNALLAU, V. S.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ili-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations "Manager," "Dealer," etc., without more precise specicases, especially in industrial employments, it is necbeen changed or given up on account of the DISEASE gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second the nature of the business or industry, and therefore an ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary Areman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, Irrespective of age. Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples For persons

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causation with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphthcria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinoses

such, if impossible to determine definitely. genital," ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puterperal septichaeetc., when a definite disease can be ascertained as the inus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marus-"Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (mereiy symptomatic), "Atrophy," affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for mailg "Contributory." Accidental drowning; Struck by railway train-accimere symptoms or Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of __ The contributory (secondary or lutercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of terminal conditions, such as "As-(name origin; "Can-Never report Examples: For vio-



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

Every item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECORD

N. B.-

Ounty Sallot
Village or City Bellevile 9292



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 291

St.;Ward)	[if death occurred le
	give its NAME instead

FULL NAME Charles Timber	Murray of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
male Black Single, MARRIED, WIDOWED, WIDOWED, WIDOWED, WIDOWED, Wilder the worl)	18 DATE OF DEATH 27
7 AGE 15 (Month) (Day (Year)) 1 1 1 1 1 1 1 1 1 1	that I last saw h M alive on Sept. 27, 191 4 and that death occurred on the date stated above, at 7 A'm, The CAUSE OF DEATH * was as follows:
a OCCUPATION (a) Trada, profession, or particular kind of work. (b) General nature of Indostry, business, or establishment in which employed (or employar)	Head fall (Ouration) Johns. (Ouration) Jrs. mos. ds.
9 BIRTHPLACE (State or country) 10 NAME OF FATHER LINE L. WARD 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER ANAL E. MURRAY 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	Contributory Secondary (Doration) (Signed) (Signed)
(Address) 12ellerie, Md. Filed 9/27/,1914 M. N. Wenny REGISTRA	Delleme Date of Burial OR REMOVAL DATE OF BURIAL 9/28, 1914 200 ND PATAKER BELLEME

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

eated thus: should be taken to report specifically the occupations Housewife, Housework, or At Home, and ehildren, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. It should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, Irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative healthful-Statement of occupation-Preeise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only defluite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Tuphoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutsis of lungs, meninges, peritonaeum, etc., Carcin-

mere symptoms or terminal conditions, such as "Asnant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Cancause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the nus," "Old Age," "Shoek," "Uraemia," "Weakness," thenia," "Anaemla" (merely symptomatle), "Atrophy," ample: Meastes valvular heart disease; Chronic interstitial nephritis, ture of the American Medical Association.) eause of death approved by Committee on Nomenela-"Contributory." schsis, tetanus) may be stated under the head of injury, as fracture of skuil, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichac-"Heart fallure," "Haemorrhage," "Inaultion," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned which surgleal operation was undertaken. is less definite; avoid use of "Tumor" for malig-The eoutributory (seeondary or intercurrent) "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (disease causing death), 29 ds.; For vio-



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	Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS shoul CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION Important. See instructions on back of certificate.
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	be carefully supp s, so that it may ck of certificate.
	Every item of information should be carefully sur CAUSE OF DEATH in plain terms, so that it ma Important. See instructions on back of certificate.
	Every Item CAUSE OF Important. S

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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. Ilf death occurred in St.;....Ward) a hospital or institution. give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE, 16 DATE OF DEATH MARRIED. WIDOWED, Married (Write the word) (Day (Year) HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Day (Year) TAGE if LESS than and that death occurred on the date stated above, at 1 day,hrs. OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in (Duration)

which employed (or employer) 9 BIRTHPLACE Contributory... (State or country) Secondary 10 NAME OF FATHER (11 BIRTHPLACE 25, 191 4. (Address) OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) of death yrs. mos. ds. State yrs. ____ ds Where was disease contracted. 14 THE ABOVE IS TRUE If not at place of death? Former or usual residence. 19 PLACE OF BURIAL DATE OF BURIAL 39 UNDERTAKER ADDRESS Filed. REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St. Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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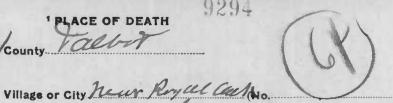


V. S. No. 1.

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	Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very	important. See instructions on back of certificate.
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9294



STATE OF MARYLAND CERTIFICATE OF DEATH

10

Registration	Dist.	No. K.
		Taxan Control Control

St.; .Ward)

[If death occurred in a hospital or Institution, give its NAME Instead of street and number.

	FULL NAME Mary Clen	-/Clcots
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
30	emule Coloror RACE Single, MARRIED, WIDOWED, WIDOWED, Wirte the word)	(Month) (Day (Year)
8 D	Sept 12 1546 (Month) (Day (Year)	that I last saw h allve on Page 275, 1914.
T A	GE If LESS than 1 day,hrs. OR	and that death occurred on the date stated above, at
(a pa (b) bus wh	CCUPATION 1) Trade, profession, or articular kind of work	(Duration) yrs mos ds. Contributory Secondary
ARENTS	10 NAME OF FATHER PLOS RESSER 11 BIRTHPLACE OF FATHER (State or country) Mary Lance 12 MAIDEN NAME OF MOTHER	(Signed) Carel Sylvania, M. D. State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
0.	13 BIRTHPLACE OF MOTHER (State or country) MURY CENTRE THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs mos ds. State yrs mos ds Where was disease contracted, If not at place of death? Former or usual residence.
16 FI	(Address) Bellevis 970.	19 PLACE OF BURIAL OR REMOVAL AUGUST MC SEPT. 3., 191 AJ 20 UNDERTAKER ADDRESS ADDRESS ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD RESERVED FOR BINDING MARGIN W. S. No. 1.

County Jalvas Village or City Osgark (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 292 St.; Ward) If death occurred in a hospital or institution.
FULL NAME Anne d	Gatter give its NAME lostead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE MARRIED, WIDDWIED, ORDIVORCED (Write the word) (Write the word) (Month) (Month) (Day) (Year)	16 DATE OF DEATH (Month) (Dyy) (Year) 17 I HEREBY CERTIFY, That I attended deceased from 194 that last saw h
7 AGE 51 yrs. 10 mos. ds. ORmin.?	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession, er particular kind ef work	(Ourcinoma of Preast (Ourcinoma of Preast
9 BIRTHPLACE (State or country) 10 NAME OF FATHER HAVE 11 BIRTHPLACE OFFATHER (State or country) 12 MAIDEN NAME OF MOTHER	(Signed) (Ouration) yrs mos ds. (Signed) (State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place 10 the of death yrs, mos, ds. Where was disease contracted, 11 not at place of death? Former or
(Address): Olyond McCollege (A	19 PLACE OF BURIAL OR REMOVAL Offer & County Sept 2 8191. 20 UN DERTAKER ADDRESS Offer & County Sept 2 8191. ADDRESS Offer & County Sept 2 8191.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative leaithfuiwho have no occupation whatever, write None Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," If the occupation has Farmer or Planter, For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing definite same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia desis of lungs, meninges, peritonacum, etc... Carcinossis of lungs, meninges, peritonacum, etc...

cause of death approved by Committee on Nomenclalujury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acctsuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "PURRPERAL saptichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," Hart failure," "Haemorrhage," "Inanition," "Maras. genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of ture of the American Medical Association.) "Contributory." scpsis, tetanus) dent; Revolver wound of head-homicide; Poisoned Bronchopncumonia (secondary), 10 ds. nant ncoplasms); Measles; Whooping cough; Chronic The contributory (secondary or intercurrent) Always qualify all diseases resuiting from (Recommendations on statement of may be stated under the head (name origin; "Can Never report Examples:



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1 PLACE OF DEATH County Talbox

9296

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No 2000

St.; Ward)

[if death occurred in a hospital or institution, give its NAME instead of street and number.]

Village or	City	Ceas	Tous	ma	(No	
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PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Marke Whate Single, Wisher the word	16 DATE OF DEATH Sept 8, 1914 (Month) (Day (Year)
Date of BIRTH Sely 2, 1911	that I last saw have alive on seek 1 1914
7 AGE (MontH) (Day (Year) 1 If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 1245 am The CAUSE OF DEATH* was as follows:
S OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry,	+ Meningster
business, or establishment in which employed (or employer)	Contributory Oxacles Yazalles
10 NAME OF FATHER GOOGE TO PRINCE	Secondary (Buration) yrs mos / # ds (Signed) , M. D
OFFATHER (State or country) Jaffor Coo	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) 4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the of death yrs mos ds. State yrs mos ds Where was disease contracted,
(Intermant) Pluming Jo Puss	If not at piace of death? Former or usual residence
Filed Sept P , 1914 B. Fairbank	Date of Burial OR REMOVAL Caston 2nd 9/9, 1914 PUNDERTAKER ADDRESS
To cal REGISTRAR Or Wore blanks are needed, address State Regis	trar, 6 E. Franklin St., Paito, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. eated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobite factory. The it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, tlon is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa Spinner, (b) Cotton milt; (a) Salesman, If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persous As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumouia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

ample: Meastes (disease causing death), 29 ds.; vatvular heart disease; Chronic interstitiat nephritis, nant neoplasms); Meastes; Whooping cough; Chronic LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal scptichaectc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Maras-"Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. oma, Sarcoma, etc., of...... (name orlgln; "Canture of the American Mcdieal Association.) cause of death approved by Committee on Nomencla. "Contributory." injury, as fracture of skull, and consequences (c. g., by carbotic acid-probabty suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. is less definite; avoid use of "Tumor" for mallg-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of For VIO-



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state Very of OCCUPATION IS PHYSICIANS should RECORD statement PERMANENT EXACTLY Exact stated classified. 4 pe IS should UNFADING INK-THIS properly AGE supplied. pe may certificate. carefully that 20 of WITH pe terms, on back pinous PLAINLY, plain See Instructions Information 5 of Inform WRITE HE TO F Every Item CAUSE OF Important. 8

9297 PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, MCC ORDIVORCED (Write the word) OF BIRTH (Month) (Day TAGE 9 mos BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE PARENT OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country)

(Year)

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REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

E OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No..

.Ward)

[If death occurred in a hospital or institution, give its NAME Instead of street and number. I

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MEDIC	AL CERTIFICATE	OF DEATH	
16 DATE OF DEATH	Sept.	5/5	, 191% (Year)
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[Approved by U. S. Census and American Public Health Association.]

Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits ean be known. The question who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) eases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) (b) Cotton mill; (a) Salesman, As examples: For persons (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemle eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

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Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANE should state	GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very	U
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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist, No. -Ward) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED, ORDIVORCEO (Write the word) (Month) I HEREBY CERTIFY, That I DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at 1 dayhrs. The CAUSE OF DEATH* was as follows: OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in (Duration) which employed (or employer) -----Contributory Secondary BIRTHPLACE (State or country) (Doration) 10 NAME OF FATHER (Signed) PARENTS 11 BIRTHPLACE (Address) OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) of death _____ yrs. ____ mos. ___ State _ ds. Where was disease contracted. 14 THE ABOVE IS TRUE If not at place of death?. Former or (Interment) usual residence 19 PLACE OF BURIAL OR REMOVAL (Address)..... 16 20 UNDERTAKER

Ilf death occurred in

(Year)

a hospital or lostitution. give its NAME lostead of street and number.]

attended deceased from

DATE OF BURIAL

ADDRESS

(Day

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

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RECORD

RMANENT

1 PLACE OF DEATH state Very PHYSICIANS should of OCCUPACION IS County. PERSONAL AND STATISTICAL PARTICULARS EXACTLY. 3 SEX 5 SINGLE, 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDOWED. (Write the word) Exact 6 DATE OF BIRTH classified. ø (Month) (Day (Year) ä 7 AGE if LESS than pino 1 day hrs. 62 yrs OR min. ? properly BOCCUPATION U (a) Trade, profession, or particular kind of work supplied. pe (b) General nature of industry. business, or establishment in may which employed (or employer) certificate. 9 BIRTHPLACE (State or country) Secondary that 10 NAME OF FATHER (Signed) 80 of be back S 11 BIRTHPLACE terms, ARENT OF FATHER (State or country) should E O 12 MAIDEN NAME plain Instructions OF MOTHER Information 0 OR RECENT RESIDENTS 5 13 BIRTHPLACE At place OF MOTHER (State or country) of death DEATH ____ yrs. ____ __ mos. ___ _ ds. Where was disease contracted. 14 THE ABOVE IS See If not at place of death? ō (Informant) OF Every Itum CAUSE OF Important. usual residence (Address) 15 20 DERTAKER 8

If more blanks are needed, address State Registrar, & E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No ..

.....Ward)

I'll death occurred in a hospital or Institution,

ADDRESS

give its NAME instead of street and number.] DEATH MEDICAL CERTIFICATE OF (Year) (Day I HEREBY CERTIFY. That I attended deceased from and that death occurred on the date stated above, The CAUSE OF DEATH* was as follows: (Duration) State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-TAL, SUICIDAL, or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, In the State ___ DATE OF BURIAL

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[Approved by U. S. Census and American Public Health Association.]

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County...

Village o

Talbot	9300	
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FULL NAME	- 34 B	1. Deyr

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.290

St.;---Ward)

[If death occurred to a hospital or institution, give its NAME instead

FULL NAME Serge 3/ 8	of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male White (Write the word)	16 DATE OF DEATH (Youth) (Day (Year)
6 DATE OF BIRTH (Month) (Day (Year)	that I last saw h allve on dept 7, 1915.
TAGE Shamps Sha	and that death occurred on the date stated above, at
(b) General nature of Industry, business, or establishment in which employed (or employer) **BIRTHPLACE** (State or country) 10 NAME OF FATHER 11 BIRTHPLACE** OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	Contributory Secondary (Duration) yrs mos ds. (Signed) yrs mos ds. (Signed) yrs mos ds. (Signed) yrs mos ds. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
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	istrar, 6 E. Franklin St., Batto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal the nature of the business or industry, and therefore an who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of iiibeen changed or given up on account of the disease of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, ctc. Women at home, who are engaged in the "Manager," "Deaier," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tlon is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using aiways the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomenciasepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaeetc., when a definite disease can be ascertalned as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasgcnital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neopiasms); Measles; Whooping cough; Chronic cer" is iess definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." (Recommendations on statement of dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from may be stated under the head "Dropsy," "Exhaustion," Never report Ex-



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STATE OF MARYLAND ACE OF DEATH CERTIFICATE OF DEATH Registration Dist, No. St:....Ward) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE, DATE OF DEATH MARRIED. WIDOWED, (Month) ORDIVORGED (Write the word) I HEREBY CERTIFY, That I attended docassed from (Dav (Year) 7 AGE If LESS than and that death occurred on the date stated 1 day hrs The CAUSE OF DEATH* was as follows: OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from XIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER of death (State or country) ____ yrs. ___ mos. __ State . Where was disease contracted, If not at place of death?. Former or usuai residence (Address) 15

Ilf death occurred in

(Year)

a hospital or institution. give its NAME Instead of street and number. I

_____ yrs, ____ mos.

DATE OF BURNAL

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

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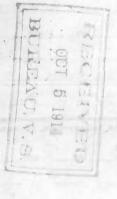
STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 247 Ilf death occurred inWard) a hospital or institution, give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE 5 SINGLE. 16 DATE OF DEATH MARRIED, WIDOWED, ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended DATE OF BIRTH (Month (Day TAGE If LESS than and that death occurred on the date stated above, at 1 day,hrs. The CAUSE OF DEATH* was as follows: OR ? BOCCUPATION (a) Trade, profession, or parficular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE OF FATHER (State or country) State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place to the OF MOTHER (State or country) of death State _____ yrs. ____ mos. yrs. ____ mos. _ ds. Where was disease contracted. 14 THE ABOVE IS TRUE if not af place of death?. Former or usual residence 19 PLACE OF BURIAL OR REMOVAL. DATE OF BURIAL Goralm 15 ADDRES If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exset statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

1 PLACE OF DEATH 9304	STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No. 294
Village or City (No,	St.; Ward) [If death occurred in a hospitel or institution, give its NAME insteed of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH Lyot // 1914 (Month) (Day (Year)
© DATE OF BIRTH Biolic 22. 1864 (Month) (Day (Year)	that I last saw h kmx alive on Light 1914
7 AGE If LESS than 1 dey. hrs. 10 mos. 2 0 ds. OR min.?	and that death occurred on the date stated above, st 10 3 02 m. The CAUSE OF DEATH* was as follows:
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11 BIRTHPLACE OF FATHER (State or country) On-checks CO ma 12 MAIDEN NAME OF MOTHER 10 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
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(Interment) ms. mue It land High	If not at place of deeth?———————————————————————————————————
18 Filed Cht 13 1914 N.D. Michels	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Light, 19, 191 20 UNDERTAKER ADDRESS
If more blanks are needed, address State Regist.	m. C. Meunams In Offna huy

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should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer (retired 6 yrs.) (b) Cotton mill; (a) Salesman, If the occupation has Farmer or Planter, "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Fyphoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tctanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can "Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably The contributory (secondary or intercurrent) may be stated under the head (Recommendations on statement of State cause for For VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the that is essential and must be obtained before the certificate is permanently filed.

BUREAUTY S

V. S. No. 1.

RECORD	PHYSICIANS should state
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
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88	The same of
W	-

9305

PLACE OF DEATH

STATE OF MARYLAND

County Vallove	CERTIFICATE OF DEATH
.0	Registration Dist. No. 245/
Village or City Troppe (No	St.; Ward) [If death occorred in a hospital or institution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Region Stuffe Married, Widowed, Ordivorced (Write the word)	16 DATE OF DEATH Set . 91 (Year)
ODATE OF BIRTH Suly (Month (Day (Year)	that I last saw h. 1100 alive on Sept 9 9 , 191
7 AGE It LESS than t day,hrs. ORmin.?	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work (b) General nature of industry,	Pulmonary Tuberculosis
business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Valbor 6. had.	Contributory Secondary
10 NAME OF alexander young	(Signed) Joseph (Address) Grappe Sud.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER Vrancis auw Arlson	* tate the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country) Queen Aune Co had	At place In the ot death yrs mos ds. State yrs mos ds
(Informant) Alexander Forms	Where was disease contracted, If not at place of death? Former or usual residence.
(Address) Insple Ind	I'm & Buriel Ground Puffered Sept 11 191 4
Filed Sept 10, 1914 preflation 20	20 UNDERTAKER SADDRESS STAFA. SAD

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the who have no occupation whatever, write Nonc. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has (a) Spinner, (b) Cotton mill; (a) Salesman, (b) the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

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